



**Montana Fish,
Wildlife & Parks**
www.fwp.mt.gov

**Resident Lifetime Fishing
License for the Blind
Application
\$10.00**

All information is mandatory

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|--|--------|--------|----------|---|---------------------|
| Date of Birth ____/____/____ MM DD YYYY | | | | | |
| Name First MI Last | | | JR,SR | Home Phone () - | Work Phone () - |
| Mailing Address <small>Your application cannot be processed if you list only a PO Box Number</small> | | | | Physical Address | |
| City | | State | Zip Code | <input type="checkbox"/> Yes FWP receives requests for mailing lists. Do you want your name <input type="checkbox"/> No included on lists provided by FWP to requestors? (see below) | |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | Weight | Height | Hair | Eyes | Employer |
| <p>I hereby declare that I have been a legal resident of the State of Montana for a period of at least 180 consecutive days (six months) immediately prior to making application for said license.</p> <p>I hereby declare that all statements on this form are true and correct. I understand that if I subscribe to any false statement in this application that I am subject to criminal prosecution. MCA 87-2-102 and 104.</p> <p>_____ Years _____ Months of Montana residency (This information is REQUIRED.)</p> <p>X _____ SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print (Faxed or photocopied signature not acceptable.)</p> <p>_____ Date</p> | | | | | |

Section 2 — This section must be completed by physician (Ophthalmologist or Optometrist)

I hereby certify that the above-named person is blind as defined by state law, Section 53-7-301, which reads:

(a) "Blind individual" means a visual disability in which:

(i) a person's central visual acuity does not exceed 20/200 in the better eye with correcting lenses; or

(ii) a person's visual field at the widest diameter subtends an angle no greater than 20 degree.

(b) the term includes any visual disability that, in the determination of DPHHS, renders vision seriously defective or causes blindness.

I have read and understand the eligibility criteria listed above. Based on this criteria, I certify the applicant listed is eligible for a **Resident Lifetime Fishing License for the Blind**. MCA 87-2-803 (5)

Physician's Signature

PRINT — Physician's Name

Physician's License #

PRINT — Physician's Address

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

**LICENSES issued through the mail may take
two weeks from time of receipt to process.
Please allow adequate time.**

Enclosed is my \$10.00 payment in the form of a:
Personal Check – Cashier's Check – Money Order
Please make payable to MT FWP

Number _____ Amount

SUB-BATCH DETAIL (For Office use Only)
BATCH #2005

TOTAL PAYMENT AMOUNT:
DOCUMENT COUNT:
DOCUMENT TYPE: Application

